EOSB - 210.5 (12/18)

# **VOLUNTEER FIREFIGHTER ENHANCED CANCER DISABILITY BENEFITS PROGRAM ATTESTATION / PROOF OF BENEFITS**

(Authority: NYS General Municipal Law Section 205-cc and 9 New York Codes, Rules, and Regulations Part 210)

# **NOTE**: THIS FORM MUST BE COMPLETED AND RECEIVED BY THE OFFICE OF FIRE PREVENTION AND CONTROL BY JANUARY 1<sup>ST</sup> OF EACH YEAR.

MAIL TO: New York State Division of Homeland Security and Emergency Services • Office of Fire Prevention and Control Volunteer Firefighter Cancer Benefits • Attn: Standards Unit • 1220 Washington Avenue • Building 7A, Floor 2 • Albany, NY 12226-9801

## Fire District, Department or Company Information

The full legal name of the fire district, department or company  FD Identification					cation	#			
FD Phone		FD Fax	-		-				
FD Physical Address									
City		State		Zip					
FD Mailing Address (if different than physical address)									
City		State		Zip					
Does your fire department have access to internet and computer?	# 0	of active volur	nteers	# of	eligible	volunt	eers*		

#### \*Eligibility Requirements:

- 1. the volunteer firefighter is an active volunteer firefighter as of January 1, 2019; and
- 2. the volunteer firefighter has 5 or more years of service as interior firefighter; and
- 3. the volunteer firefighter has successfully completed a physical examination, prior to the commencement of duties as an interior firefighter, which failed to reveal any evidence of cancer; and
- 4. the volunteer firefighter has passed 5 yearly fit tests.

### **Authorized Representative Information**

Name of the representative of the fire district, department or company <u>authorized to sign the attestation on page 2</u> :							
Representative Title							
Phone	Cell Phone						
Email Address							

	☐ Check this box if the fire district, department or company has chosen to insure with an insurance company
	The following information must be provided:
	Insurance Company Name:
	Name of Insured Fire District, Department or Company:
	Insured Fire District, Department or Company FDID Number:
A	Insurance Policy Number:
	Insurance Company's Address:
	Insurance Company's phone number:
	Number of firefighters covered by the policy:
	Attached proof from the insurance company that all benefit claims of eligible volunteer firefighters and/or their beneficiaries are covered.
	☐ Check this box if the fire district, department or company has chosen to self-fund through its Authority Having Jurisdiction
	Name of the Authority Having Jurisiction (AHJ):
D	☐ Attached written proof from the AHJ that establishes: (1) the AHJ possesses taxing authority; and (2) the AHJ has agreed to fund all benefit claims of eligible volunteer firefighters and/or their beneficiaries through current and future revenues.

#### **Attestation**

By signing this form, the undersigned is attesting that the named fire district, department or company either: (A) has an insurance policy in effect for the benefit year that will cover the costs of benefits for its eligible volunteer firefighters and/or their beneficiaries or (B) has provided written proof of self-funding and agreement from the Authority Having Jurisdiction (AHJ) that the AHJ will cover the cost of all benefit claims for each eligible volunteer firefighter and/or their beneficiaries through current and future revenues. Signed by an authorized representative of the district, department or company, and sworn or attested to under penalty of perjury as true, correct and complete. Sworn or attested to, under penalty of perjury, as true, correct and complete. Signature Date Print Name, Title & Department State of New York County of \_\_\_\_\_ day of\_\_\_\_\_\_, 20\_\_\_\_\_, before me personally came \_\_\_ to me know, who, being duly sworn, did depose and say that he/she is the \_\_\_ \_ described herein and which executed the above instrument and that he/she signed his/her name thereto by the order of the above named Fire District, Department or Company. Notary Public Reserved for Notary Stamp or Seal

Note: This form must be received by the Office of Fire Prevention and Control by January 1st of each year.

Mailing Address: New York State Division of Homeland Security and Emergency Services • Office of Fire Prevention and Control

Volunteer Firefighter Cancer Benefits • Attn: Standards Unit • 1220 Washington Avenue • Building 7A, Floor 2 • Albany, NY 12226-9801